

**MIAMI-DADE COUNTY
BUILDING DEPARTMENT
11805 S.W. 26 St., Miami, FL 33175-2474**

www.co.miami-dade.fl.us/bldg/

APPLICATION FOR PLAN REVISION

PLEASE FILL OUT COMPLETELY

THIS IS FOR REVISION ONLY. IF YOU ARE REQUIRED TO REISSUE THE PERMIT, SEE PERMIT APPLICATION.

(IF THIS IS A REVISION TO A ROOFING, SHUTTER, WINDOW, FENCE, FIRE ALARM, FIRE SPRINKLER, OR FIRE SUPPRESSION PERMIT,
PLEASE PROVIDE THE SPECIFIC PERMIT NUMBER FOR THE SUBSIDIARY PERMIT)

Master Permit Number _____	Contact Name _____
Job Address _____	Address _____
Contractor's Number _____	City _____ State _____ Zip Code _____
Qualifier's Number _____	Phone Number (____) _____
Contractor's Name _____	Description of Revision _____
Qualifier's Name _____	_____
Owner's Name _____	_____

Residential (Single Family or Duplex) ☐ Commercial ☐

Application is hereby made for plan revision as indicated below. I certify that all information is accurate. I understand that my plans will be reviewed only by the review disciplines indicated, and those required by the review agencies. (See Table of Required Reviews on back of application). I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or inspection delays. The plan revision affects the following disciplines. (Check all that apply.)

Is this a revision to a roofing, shutter, sign, window, fence, fire alarm, fire sprinkler or fire suppression permit?

If so or if you would like all reviews relating to original permit, please check here. ☐.

*****(Note to staff if box above is checked use "A" instead of "R" for revision type)*****

- | | | |
|---|--|--|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Impact Fee | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Public Works Concurrency | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Shop Drawing | <input type="checkbox"/> Sign | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Foundation to Shell (For South Florida Building Code Permits Only) | |
| <input type="checkbox"/> Department of Environmental Resources Management (DERM) | | |

Signature of Owner or Owner's Agent

Print Name

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20____

(SEAL) _____

Personally known _____

or Produced Identification _____

Type of Identification Produced _____

Signature of Qualifier

Print Name

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20____

(SEAL) _____

Personally known _____

or Produced Identification _____

Type of Identification Produced _____

TABLE OF REQUIRED REVIEWS FOR PLAN REVISIONS

<u>PLAN REVISION DISCIPLINE REQUESTED</u>	<u>REQUIRED REVIEWS GENERATED</u>
Zoning	Zoning, Building, Impact Fee
Department of Environmental Resources Management (DERM)	DERM, Zoning, Plumbing
Fire	Fire, Building, Zoning, DERM
Public Works	Public Works, DERM, Zoning
Building	Building, Zoning, Fire, DERM
Structural	Structural
Plumbing	Plumbing, DERM
Mechanical	Mechanical, Fire
Sign	Sign, Structural, Building, Electrical
Electrical	Electrical, Fire
Impact Fee	Impact Fee
Shop Drawing	Shop Drawing
Foundation to Shell (For South Florida Building Code Permits Only)	All Required Reviews

Please note that a plans examiner has the authority to require additional reviews based upon his or her examination of the plans.